"To banish *goiter,* take equal quantities of salt, soap, vinegar, and horseradish juice; mix, and keep overnight. Put some of it into a leather bandage and bind on. It will help."

"Or, take a horse's hoof, bake till charred in a new pot; grind to powder; mix with oil. Use this salve frequently."

"The blood of a weasel, smeared frequently over the goiter, will also banish it eventually."

SIXTEENTH CENTURY REMEDIES FOR HEART DISEASES

Heart disease:

"For *weak heart,* or *palpitation of the heart,* or any heart trouble, nothing is better than good wine, quantities of it, frequently resorted to. A few coins of fine gold placed in the wine vessel will add to the wine's effectiveness."

"Another splendid *heart remedy* consists of a mixture [whether raw or cooked is not stated] of fox tongue and wolf liver, to which is added nutmeg, cinnamon, ginger, and sugar, well mixed. Take a small quantity every two hours."

"For *fainting spells,* take equal quantities of numia [?], nutmeg flowers, and castoreum, in brandy or cinnamon water. That will restore the patient [even ?] if he is half dead."

Pains or stitches in the side:

"Grind to a fine powder the tooth of a wild boar; add scabiosa water and a few drops of oil of almond. Drink a small quantity, hot, frequently. This is by far the best remedy for all *sharp pains in the side.* You may add a plaster, laid on the aching side, made of a mixture of the excrement of a white dog well kneaded with wheat flour and honey and then boiled in goat's milk. While yet hot, put some of the mixture into a leather bandage and apply. Keep your fire going and renew the plaster as hot as the patient can stand it."

SIXTEENTH CENTURY REMEDIES FOR LUNG DISEASES

Coughs:

"Use milk, preferably goat's milk, sweetened. Gargle it and drink it, both."

"Or, take a large onion, hollow it and fill with honey; boil, adding some wine. Squeeze the juice through a clean cloth; drink some of it continually. Be careful to keep out of cold drafts."

"As a powder, take the lung of a fox; wash well in wine, dry, and powder fine. Use a small quantity from time to time."

"For all *lung trouble,* the milt (spleen) of a very black young sucking calf is excellent. Dry in the oven and powder fine. Two spoonfuls in warm beer mornings on an empty stomach, and at night before retiring. Improvement usually sets in within two or three weeks."

"The lung of a young sucking calf is almost equally effective, used similarly. Fox lung is even better. It is also effective in *difficulties of breathing.*"

"In very bad cases of *pulmonary trouble,* use crawfish, secured living and pounded fine while still alive; add very hot wine, and squeeze the juice through a cloth; take on an empty stomach mornings, a small quantity, and at night before retiring, for at least three weeks."

"Onions, boiled until quite soft and put while very hot into a leather bandage or thick cloth and applied to the breast will prove additionally helpful."

"Where *difficulties of breathing* accompany the malady, take a large sponge, moisten in vinegar or wine, or even cold water; bind about mouth and nose, and breathing will grow easier."

University of California at Los Angeles.

(To be Concluded)

CLINICAL NOTES AND CASE REPORTS

A LARGE PORK BONE IN THE BRONCHUS*

REPORT OF CASE

By H. J. HARA, M. D.
Los Angeles

THAT foreign bodies, both of organic and inorganic substances, of various sizes and shapes, find their way into the air passage is well known. But that such a large object as is shown in the illustration should have lodged in the bronchus for a month and been unrecognized even after an examination, has prompted me to report the following.

REPORT OF CASE

Mrs. G. H., age twenty-eight, native of Canada, housewife, was referred by Dr. E. J. Steen of Fullerton, with the possible diagnosis of a foreign body in the air passage. She was admitted to the White Memorial Hospital on November 12, 1929, under my service. The patient stated that a month before she had had a choking and gagging spell while eating her supper, which consisted of mashed potatoes and gravy made from the fat in which she prepared the pork chops that evening. At the time she felt a sudden, sharp episternal pain that compelled her to leave the table. The cough and dyspnea persisted during the night and all of the next day. On the third day the above symptoms still persisted, and in the absence of her family physician she consulted another who, after examining her, dismissed her, stating that she probably had a "cold" and that she would be well in a few days, apparently having overlooked (1) the history of choking and gagging at the time of her accident; and (2) subsequent development of persistent cough, blood-streaked expectoration, low-grade septic temperature, and slight dyspnea in a previously well person immediately after the accident, all of which unmistakably point to the presence of a foreign body in the air passage.

Having failed to recover from her "cold" for a month, she consulted her own physician who by this time had returned from his trip. The roentgenograms made by him revealed nothing of definite nature.

Upon her admission to the hospital the routine physical examination was performed by the resident internist, Dr. Albert M. Bond. The usual sign of limitation of expansion of the invaded lung was absent. The asthmatoid wheeze was barely recognized. But on account of the definite history an exploratory bronchoscopy was performed under local anesthesia after the Jackson technique. The large fragment of bone was encountered just below the carina, being transfixed in the swollen mucosa of the right main bronchus in its posterior wall, which was bathed in mucopurulent secretion. With little difficulty the side-curved forceps were applied and the object was brought to the subglottic region; then alligator forceps were substituted through the laryngoscope, and the invader was delivered through the glottic chink. The bone measured 25x14x5 millimeters. The first day of the operation the patient's highest temperature was 100 F., but soon it subsided and remained so until the time of her discharge the next day.

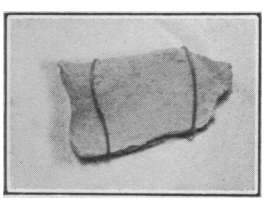


Fig. 1.—Pork bone lodged in right main bronchus for four weeks.

* From the Department of Laryngology, White Memorial Clinic, the College of Medical Evangelists, Los Angeles.

In a recent communication she stated that she was well, except for a slight pain over the left shoulder which apparently had no connection with the foreign-body incidence.

SUMMARY

1. This case forcibly impresses upon us the reliability of the history of the accident in all foreign-body cases.

2. That the negative roentgenogram is not in itself proof of absence of usual radio-opaque substance like pork bone.

3. That exploratory bronchoscopy is indicated in every doubtful foreign-body case; and,

4. That the human glottic chink is capable of admitting a large-sized foreign body.

432 South Boyle Avenue.

RUDIMENTARY GALL BLADDER AND CONGENITALLY ABSENT COMMON DUCT

REPORT OF CASE

By J. M. FRAWLEY, M. D., *Fresno*
AND
STANLEY H. MENTZER, M. D., *San Francisco*

MARTHA T., an American child, three months of age, was admitted to the Fresno General Hospital because of gradually increasing yellow color of the skin.

The jaundice was not noticed until the baby was at least a month old. Labor was normal; there was no asphyxia. The birth weight was six pounds.

The breast was given for three weeks, then a cow's milk mixture which was not tolerated, and for the last three weeks before admission she had been getting sweetened condensed milk.

When admitted to the hospital there was a marked icterus of the skin and sclerae. The liver was greatly enlarged, emaciation was considerable, and the child's weight was five pounds, thirteen and one-half ounces. The red cells of the blood were 4,150,000 per cubic millimeter; the white cells, 16,000. The blood smear was essentially normal.

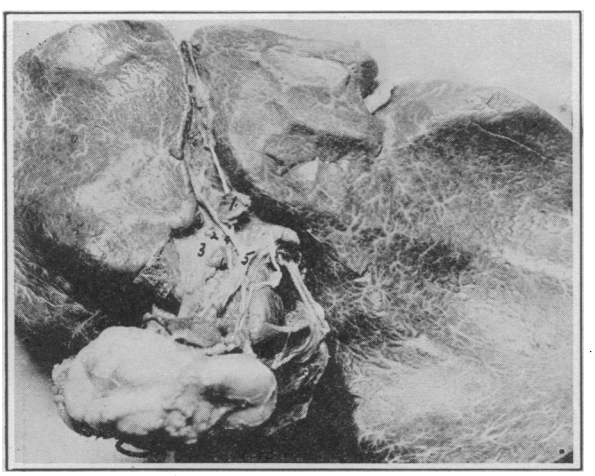
The Wassermann was negative, both for the child and the mother. The urine was acid, yellow in color, and showed a trace of albumin.

The stool was white and had the appearance of milk curd. It showed no trace of bile.

The serum was bile-colored and gave a prompt van den Bergh reaction.

There was no increased fragility of the red cells.

Ladd [1] in 1928 reported histories of nine infants, five months or younger, with atresia of the bile duct. In these cases operation was done with recovery in four cases. Encouraged by these results, operation was performed in this case by Dr. J. H. Pettis. No trace of the gall bladder or common bile duct could be found, and therefore it was impossible to do the plastic operation described by Ladd.



1. Remnant gall bladder. 2. Cystic duct. 3. Right hepatic duct. 4. Stump of common duct. 5. Portal vein. 6. Hepatic artery.

In our case autopsy two days later, the liver was found greatly enlarged and dark green in color. The gall bladder was present, but only about one-tenth of its normal size. There was a true cystic duct which joined the right hepatic duct to form a blind stump one centimeter in length. There was no communication or even rudimentary fibrous cord between this stump and the duodenum. The pancreatic ducts were present and patent.

SUMMARY

A case of congenital absence of the common bile duct is reported. The findings are unusual because:

1. The common bile duct was completely absent, except for a patent stump one centimeter long.

2. The gall bladder was rudimentary and the cystic duct drained into the right hepatic duct instead of the common duct.

Patterson Building, Fresno.
450 Sutter Street, San Francisco.

REFERENCE

1. Journal American Medical Association, 1928, Vol. 91, p. 1082.

AGRANULOCYTIC LEUKOPENIA IN RELATION TO ACUTE FEBRILE UPPER RESPIRATORY INFECTION

REPORT OF CASE

By EUGENE R. LEWIS, M. D.
Los Angeles

THE first reference I have found to agranulocytosis is Schultz in 1922. Subsequent cases have been reported by various observers, Kastlin collecting forty cases in 1927; Linthicum, Uren, and others reporting additional single cases since. Many of these cases have been anginas in which the main bacteriologic factor has been the *Bacillus pyocyaneus,* although symbiosis of Vincent, the colon bacillus and various strepto- and staphylococci have been reported. While it is apparently possible in any individual, the mass of clinical evidence points to its typical incidence in middle age, and the female sex.

In the literature on this subject there is found nothing significant in the history. The disease is usually of sudden onset, often with chill, fever, malaise, and sore throat, and is usually rapidly fatal. The clinical course of the disease is characterized by general signs of illness out of proportion to local pathology; temperature and pulse rate are high, asthenia and depression are marked, local swelling, edema, and sloughing sometimes ultimately extensive; the first differential blood cell count reveals leukopenia, with disproportionately low granular and polymorphonuclear counts. Eventually the white cells may fall below 500, and in exceptional cases, below 100, with absence of polymorphonuclears and granulocytes.

Uren has compared the pictures of agranulocytic leukopenia and infectious mononucleosis, which is more apt to occur in younger individuals. There is a white cell count between 7500 and 15,000, with increase of mononuclear and decrease of granular cells. Its clinical course is mild and recovery is the rule.